



NOTICE OF INTENT (NOI)
For Coverage(s) of Primary Permittees
Under South Carolina NPDES General Permit
For Stormwater Discharges From Construction Activities SCR100000
 (Maintain As Part of On-Site SWPPP)

For Official Use Only

File Number: _____
 Permit Number: SCR10 _____
 Submittal Package Complete: _____

Submission of this Notice of Intent constitutes notice that the Applicant identified in Section II intends to be authorized as a Primary Permittee in the state of South Carolina under NPDES General Permit SCR1000000. Fees required for review and NPDES coverage of each application type are as listed on page 2 of the Instructions.

Date: 02/20/2019
 Project/Site Name: Mathis Ferry Rd & Whipple Rd - Intersection Improvement County: Charleston
 (Modification or Change of Information Only) Prior Approved NPDES Permit or File Number: _____

Do you want this project to be considered for the Expedited Review Program (ERP)? Yes or No (See instructions)

I. Notice of Intent (NOI) Application Type(s)

- A. **Project (Application/Review) Type(s)** (Select **ALL** that apply):
 New Project (Initial Notification) Ongoing Project: Permitted or Un-Permitted
 Late Notification Low Impact Development (LID) or Project Design Above Regulatory Requirements
 New Owner/Operator or Company Name Change (see instructions, attach Form A (Transfer of Ownership))
 Major Modification: (see instructions, attach Form B (Major Modifications))
 MS4 Project Review
 Ocean and Coastal Resource Management (OCRM) Review
 Change of Information/Other (Specify): _____

B. If Applicable, identify the entity designated as **MS4 Reviewer and MS4 Operator** (i.e., Lexington County, City of Greer, etc.): **MS4 Reviewer** Mount Pleasant **MS4 Operator** Mount Pleasant

II. Primary Permittee Information

Change of Information

<input type="checkbox"/> Person or <input checked="" type="checkbox"/> Company	If a Company, are you a <input type="checkbox"/> Lending Institution or <input type="checkbox"/> Government Entity? Company EIN (if applicable): EIN: _____
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- A. **Primary Permittee Name:** EEMO, LLC
 Mailing Address: 200 Meeting St, Suite 206 City: Charleston State: SC Zip: 29401
 Phone: 843-266-1717 Fax: 843-722-1884 Email Address: gdalnekoff@sfg.com
- B. **Contact /ODSA Name** (If different from above OR if owner is a company): _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email Address: _____
- C. **Property Owner Name** (If different from above): SAME AS ABOVE
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email Address: _____

III. Comprehensive Stormwater Pollution Prevention Plan (C-SWPPP) Preparer Information Change of Information

- A. **C-SWPPP Preparer Name:** Scott E Baker
- B. **Registered Professional** Engineer Landscape Architect Tier B Land Surveyor **S. C. Registration #:** 30708
- C. **Company/Firm Name:** Stantec Consulting Services **S. C. COA #:** C02310
 Mailing Address: 4969 Centre Pointe Drive, Suite 200 City: North Charleston State: SC Zip: 29418
 Phone: 843-740-6331 Fax: 843-740-7707 Email Address: scott.baker@stantec.com

IV. Project/Site Information

Change of Information

- A. **Type of Construction Activity(ies)** (Select **ALL** that apply):
 Commercial Industrial Institutional Mass Grading Linear Utility/Infrastructure
 Residential: Single-family Residential: Multi-family Multi-use (Commercial & Residential)
 Site Preparation (No New Impervious Area) Other (Specify) _____
- B. **Site Address/Location** (street address, nearest intersection, etc.) Mathis Ferry Road & Whipple Road
 City/Town (If in limits): Mount Pleasant Zip Code: 29464
 Latitude: 32 ° 49 ' 27 " N Longitude: - 79 ° 50 ' 55 " W (Source): GPS Web Site: Google
Tax Map Number (s) (List all): 5590000081; 5590000072; 5590000073; 5590000074; 5590000208; 5590000072

D. Impaired Waterbodies Information (Attach additional sheet(s) as needed)

1. 303(d) Listed Impaired Waterbodies					
a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4 and the Name of the Corresponding Waterbody?		b. Is this WQMS(s) listed on the most current 303(d) List? If No, proceed to Section 2 of this table. If Yes, complete items c thru f.	c. List the pollutant(s) identified as "CAUSES" of the impairment	d. Will any pollutants causing the impairment be present in your site's construction stormwater discharges?	e. If yes for d, list the "USE SUPPORT" impairment(s) affected by the pollutant(s) identified in c.
Nearest DHEC WQMS(s)	Corresponding Waterbody				
MD-071	Shem Creek	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	ENTERO	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

f. If yes for d above, will use of the BMPs proposed for your project ensure the site's discharges will NOT contribute to or cause further WQS violations for the Impairment(s) listed in c? Yes No
 (NOTE: If no for f, this site is NOT eligible for coverage under the CGP). See Instructions.

2. TMDL Impaired Waterbodies				
a. Name of Nearest DHEC Water Quality Monitoring Stations (WQMS)(s) that receives stormwater from your construction site and/or thru an MS4?	b. Has a TMDL(s) been developed for this WQMS(s)? If No, identify as such below and proceed to Section VI. If Yes, complete items c thru f of this table.	c. If yes for b, what pollutants are listed as "CAUSES" or causing the impairment?	d. If yes for b, has the standard been "ATTAINED" or "Fully Supported" for the impairment(s)?	e. If no for d (Not Attained), will any pollutants causing the impairment be present in your site's construction stormwater discharges?
MD-071	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. If yes for e above, are your discharges consistent with the assumptions and requirements of the TMDL(s)? Yes No
 (NOTE: If no for f, this site is NOT eligible for coverage under the CGP). See Instructions.

VI. Signatures and Certifications DO NOT SIGN IN BLACK INK! Read the Certifications below (in entirety). Provide date, printed name, and signatures below. If you are a New Owner/Operator, as Primary Permittee you must also sign and date the applicable Comprehensive SWPPP Acceptance & Compliance Agreement below.

C-SWPPP PREPARER: "One copy of the C-SWPPP, all specifications and supporting calculations, forms, and reports are herewith submitted and made a part of this application. I have placed my signature and seal on the design documents submitted signifying that I accept responsibility for the design of the system. Further, I certify to the best of my knowledge and belief that the design is consistent with the requirements of Title 48, Chapter 14 of the Code of Laws of SC, 1976 as amended, pursuant to Regulation 72-300 et seq. (if applicable), and in accordance with the terms and conditions of SCR100000." (This should be the person identified in Section III).

_____ 30708
 Printed Name of C-SWPPP Preparer Signature of C-SWPPP Preparer S. C. Registration #

PRIMARY PERMITTEE: "I or I (on behalf of my company and its contractors and agents), as the case may be, certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I understand that DHEC enforcement actions may be taken if the terms and conditions of the C-SWPPP are not met and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

"I or I (on behalf of my company and its contractors and agents), as the case may be, also hereby certify that all land-disturbing construction and associated activity pertaining to this site shall be accomplished pursuant to and in keeping with the terms and conditions of the approved plans and SCR100000. I also certify that a responsible person will be assigned to the project for day-to-day control. I hereby grant authorization to the to S. C. Department of Health and Environmental Control (DHEC) and/or the local implementing agency the right of access to the site at all times for the purpose of on site inspections during the course of construction and to perform maintenance inspections following the completion of the land-disturbing activity." (See Section 122.22 of S.C. Reg. 61-9 for signatory authority information.) Having understood the above information, I am signing this certification as Primary Permittee to the aforementioned NPDES general permit."

 Printed Name of Primary Permittee Title/Position

 Signature of Primary Permittee Date Signed

NPDES CGP FEE SCHEDULE B

(ONLY for Beaufort, Berkeley, Charleston, Colleton, Dorchester, Georgetown, Horry, and Jasper Counties)

Submit payment for NPDES Coverage fees only to DHEC.

The schedule should be attached to DHEC Form 2617. Do not send payment in window envelope. **DO NOT MAIL CASH.** DHEC will notify the Project Owner/ Operator if the check or credit card payment cannot be processed. **The review clock will start when acceptable payment is received and after the project is deemed consistent with the S.C. Coastal Zone Management Plan.**

1. Identify (✓) the Project/Review Types		(✓)	NPDES Coverage Fee(s)
(NOTE: You may <u>ONLY</u> select Item 1.a OR 1.b BELOW). Enter NPDES coverage fee of \$125 in the right-hand column if <u>any</u> of the following project/review types apply to this application. Proceed to Item 2.			
a. Project or LCP that is located within ½ mile of CRW (Item V.A) that will ultimately disturb more than 0.5 acres (if select a, do not select b)		<input type="checkbox"/>	\$ <u>125</u> .00
b. Project or LCP that is NOT located within ½ mile of CRW (Item V.A) that will ultimately disturb one (1) acre or more (if select b, do not select a)		<input type="checkbox"/>	
c. New Owner/Operator (Transfer of Ownership)/Company Name Change (<u>\$125 NPDES Coverage fee is required by the Department for Transfers of Ownership and Company Name Changes</u>)		<input type="checkbox"/>	
d. Unpermitted Ongoing Project or Late Notification		<input type="checkbox"/>	
e. MS4 Project Review (Item I.A and I.B)		<input checked="" type="checkbox"/>	
f. Other (Specify): _____		<input type="checkbox"/>	
2. Determine the Project Review Fees (Review fees cannot exceed \$2000 for a project). NOTE: COMPLETE ITEM 2.a BELOW. COMPLETE EITHER SECTION 3 OR SECTION 4. DO NOT COMPLETE BOTH SECTIONS.			
a. Enter the disturbed area (Item IV.E) for this project. Proceed to Item 3 OR Item 4.		0.5 (nearest tenth of an acre)	
3. PROJECT OR LCP LOCATED WITHIN ½ MILE OF A CRW (ITEM V.A)		(✓)	Review Fees
a. Will this project or LCP (Item IV.G) ultimately disturb more than 0.5 acres?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. Is this project exempt from S. C. Reg. 72-300 et seq.?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>1. If this project will <u>NOT</u> ultimately disturb more than 0.5 acres and is not part of an LCP, your project is automatically covered under this permit and the NPDES coverage fee and review fee are not required. See section 1.3.1.B. See the BOW-SPWS for "Less Than 1-Acre of Land Disturbance - Coastal Counties".</p> <p>2. If this project or LCP will ultimately disturb more than 0.5 acres, proceed to Item 3.c.</p>			
c. Enter the project review fees (based on \$100/ disturbed acre) in the right-hand column. (Multiply the disturbed area (Item 2.a.) by \$100/disturbed area). If the disturbed area for this project (Item 2.a.) totals 20.0 acres or more, enter \$2000 in the right-hand column. <u>Review fees cannot exceed \$2000 for a project. Proceed to item 3.d</u>		\$ _____ .00	
d. Total Required Fees (Coastal Project located WITHIN ½ mile of a CRW (Item V.A) Add the values in the right-hand columns of Items 1 and 3.c. (The Department will not review this project until all required fees are received). Proceed to Item 5.		\$ <u>125</u> .00	
4. PROJECT OR LCP NOT LOCATED WITHIN ½ MILE OF A CRW (ITEM V.A)		(✓)	Review Fees
a. Will this project or LCP (Item IV.G) ultimately disturb one (1) acre or more?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. Is this project exempt from S. C. Reg. 72-300 et seq.?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p>1. If this project will <u>NOT</u> ultimately disturb one (1) acre or more, and is not part of an LCP, coverage under SCR100000 is <u>NOT</u> required; see the BOW-SPWS for "Less Than 1-Acre of Land Disturbance - Coastal Counties".</p> <p>2. If this project or LCP will ultimately disturb one (1) acre or more, proceed to Item 4.c.</p>			
c. Enter the project review fees (based on \$100/ disturbed acre) in the right-hand column. (Multiply the disturbed area (Item 2.a.) by \$100/disturbed area). If the disturbed area for this project (Item 2.a.) totals 20.0 acres or more, enter \$2000 in the right-hand column. <u>Review fees cannot exceed \$2000 for a project. Proceed to item 4.d.</u>		\$ _____ .00	
d. Total Required Fees (Coastal Project NOT located WITHIN ½ mile of a CRW (Item V.A) Add the values in the right-hand columns of Items 1 and 4.c. (The Department will not review this project until all required fees are received). Proceed to Item 5.		\$ <u>125</u> .00	
5. Identify the Method of Payment: <input checked="" type="checkbox"/> Payment by Check: (Attach a signed and dated check payable to S.C. DHEC to the front of this fee schedule. All checks must be less than 30 days old and must be for the entire amount of required fees). <input type="checkbox"/> Payment by Credit Card: (Check here if you wish to pay via credit card using the on-line payment system). The Department will contact you via e-mail to provide instructions and the invoice number necessary for online payment. Please provide an e-mail address where the invoice number may be sent: <u>scott.baker@stantec.com</u>			
For official use only: Invoice Number _____			